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ARTICLE 2. DEFINITIONS**§ 782.45. Restraint.**

Restraint, for the purposes of the regulations included in this chapter, shall mean:

(a) Behavioral restraint which means any form of restraint employed to control a client in order to prevent the person from causing harm to self or others. Only the following types of behavioral restraint may be used in a mental health rehabilitation center:

- (1) Belts and cuffs, which are well padded; and
- (2) Soft ties, consisting of cloth.

(b) Chemical restraint means a drug used to control behavior and in a manner not required to treat the client's physical symptoms.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 782.46. Seclusion.

Seclusion means the involuntary confinement of a client in a room or area, where the client is prevented from physically leaving, for any period of time.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

ARTICLE 3. LICENSE

§ 783.13. Plan of Operation Requirements.

- (a) The plan of operation shall describe the following components for the proposed mental health rehabilitation center:...
- (12) Restraint and Seclusion Policies and Procedures.

ARTICLE 4. GENERAL REQUIREMENTS

§ 784.00. Administration.

The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed mental health rehabilitation center. The delegation of any authority by a licensee shall not diminish the responsibilities of the licensee. Written policies and procedures shall be established and implemented for each of the following:...

- (g) Restraint and seclusion policies and procedures....

§ 784.35. Restraint and Seclusion.

(a) Restraint and seclusion shall not be used except when necessary to prevent immediate injury to the person or others, and only when there is no less restrictive method to prevent injurious behavior. Restraint and seclusion shall not be used as punishment or for the convenience of the staff, or as a substitute for less restrictive alternate forms of treatment. Clients will be released when they no longer meet the criteria for seclusion or restraint.

(b) Restraint or seclusion shall not be initiated absent the documentation of a separate justification for each intervention.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.36. Orders for Restraint and Seclusion.

(a) Restraint or seclusion shall only be used as authorized by the order of a physician or psychologist within the scope of their license. Those orders shall include the reason for the restraint or seclusion in specific behavioral terms, date and time of the order, specific behaviors that would demonstrate that the person no longer requires seclusion or restraint to prevent immediate injury to self or others, and the orders may be implemented only within the scope of the license of those implementing the orders.

(1) For restraint, the order shall also include the type of restraint and the number of points.

(2) Orders for seclusion or restraint shall not exceed 24-hours in duration.

(b) An order for restraint or seclusion shall be issued only if it is determined that indication for use of restraint or seclusion outweigh medical risks to the person.

(c) At the time restraint or seclusion is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the client's medical condition, including but not limited to, vital signs, medications, current medical treatments and any relevant medical circumstances specific to the client shall be reviewed by an on-duty member of the licensed nursing staff, or the documentation of the reason(s) it was not safe to conduct this evaluation.

(d) In a clear case of emergency, when a physician or psychologist is not available and reasonable less restrictive behavior interventions have been attempted or considered, a client may be placed in restraint or seclusion at the discretion of a licensed nursing staff. A confirming telephone order from a physician or psychologist must be obtained within one (1) hour of the time of the occurrence.

(e) Orders for restraint and seclusion shall not be written on a standing or as needed basis.

(f) Telephone orders for restraint or seclusion must be signed and dated within no longer than five days following the date of issue of the order.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.37. Restrictions on Applying Restraints and Utilizing Seclusion.

- (a) Every four (4) hours, when a person is secluded or restrained,

the medical director, a physician, a psychologist, a member of the licensed nursing staff or a licensed mental health professional designated by the mental health rehabilitation center director, shall in person assess the client's clinical condition face-to-face and determine if the client meets the criteria for continued restraint or seclusion, and whether the indications for its use outweigh the clinical risks to the person.

(b) As soon as practicable after restraint or seclusion has been initiated both of the following shall take place and be noted in the client's record:

(1) Reasonable attempts to explain to the client the justification for the restraint or seclusion and the types of behaviors that would demonstrate that the client meets the criteria for release.

(2) Inform the client regarding nursing care he or she is entitled to while in restraint or seclusion, and the manner and frequency of assessment for release.

(c) Client's in restraint or seclusion shall be provided all of the following:

(1) Timely and appropriate nursing and medical care and attention to their physical condition, including vital signs at least once per shift, not to exceed eight (8) hours, or more often if indicated by the client's condition.

(2) Regular observation and assessment, which shall include a determination of whether the client meets the criteria for release by authorized staff members, at least every 15 minutes.

(3) The observation and assessment shall include face-to-face interaction with the client unless the staff member determines that it is inappropriate or unnecessary to assure that the client is not in distress.

(4) Regular range of motion exercise of at least 10 minutes every two (2) hours of restraint. When range of motion is not appropriate, a physician or a psychologist shall document the reason in the client's record.

(5) The client shall be repositioned when appropriate.

(6) Prompt and appropriate response to all requests made for assistance and services.

(7) Attention to feeding, hydration, bathing, and toileting needs.

(8) A clean and comfortable environment.

(d) The client shall be released at the time he or she no longer meets the criteria for restraint or seclusion.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

§ 784.38. Restraint and Seclusion—Documentation and Reporting Policies and Procedures.

(a) Care provided to a client in restraint or seclusion shall be documented in the client record.

(1) The policies and procedures of the mental health rehabilitation center shall describe the manner in which this documentation shall be entered in the client record.

(2) Notations, check marks, and flow charts are allowable if the chart provides opportunity for narrative descriptions by staff, when appropriate, and when sufficient to provide all the necessary information.

(b) The documentation shall include, but not be limited to, all of the following:

(1) Clinical condition, circulation, condition of limbs, and attention to hydration, elimination, and nutrition needs.

(2) Behavioral assessments.

(3) Justification for continued use of restraint or seclusion, the types of behaviors that would facilitate release and evidence that this information was communicated to the client, along with his or her response, if any.

(4) Time placed in and time removed from restraint or seclusion.

(5) 15-minute observations and assessments.

(6) When face-to-face interaction does not occur, documentation of the reason why that interaction was inappropriate or unnecessary and what alternative means were used to determine the client was not in distress.

(c) Quarterly, any facility that uses restraint or seclusion shall

report to the local mental health director or designee, who shall transmit copies to the Department, all of the following:

- (1) The number of restraint or seclusion incidents, or both.
- (2) The number of restraint or seclusion incidents according to age, sex, race and primary diagnosis.

(3) The client's age shall be classified as one of the following:

- (A) Age 18 to 64 years, inclusive, and
- (B) Age 65 and over.

(d) Facilities that use restraint or seclusion, or both, shall have written policies and procedures concerning their use. These policies shall include the standards and procedures for all of the following:

- (1) Placement of a person in restraint or seclusion, including a list of less restrictive alternatives, the situations in which the use of restraint or seclusion is to be considered and the physician(s) and psychologist(s) who can order its use.

(2) Assessment and release, including guidelines for duration of use of specific behavioral criteria for release.

(3) Provision of nursing care and medical care, including the administration of medication.

(4) Procedures for advocate notification regarding any client restrained or secluded for more than eight (8) hours.

(5) Provision of staff training.

(e) Facilities that use restraint or seclusion shall implement an oversight process to ensure that all incidents of seclusion and restraint are reviewed and that any incidents or patterns of use which do not comply with the mental health rehabilitation center's policies and procedures or other clinical or legal standards are investigated. This oversight process shall ensure that appropriate policies and procedures are developed and implemented, including training of staff. Consumer input into the oversight process shall be incorporated.

NOTE: Authority cited: Sections 5675 and 5768, Welfare and Institutions Code; Section 3 of Chapter 678 of the Statutes of 1994. Reference: Sections 5675 and 5768, Welfare and Institutions Code.

ARTICLE 5. BASIC SERVICES

§ 785.11. Physician Services—General.

...(b) Physician services shall include, but are not limited to:...

- (4) Written and signed orders for diet, care, diagnostic tests and treatment of clients by others.

(A) Orders for seclusion and restraint shall meet the requirements of Sections 784.36 and 784.38...

ARTICLE 7. PHYSICAL PLANT

§ 787.25. Client Rooms.

...(b) Clients' rooms shall not be locked except for rooms approved by the Department for seclusion of clients....

CHAPTER 4. COMMUNITY MENTAL HEALTH SERVICES UNDER THE LANTERMAN–PETRIS–SHORT ACT

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ARTICLE 6. PATIENT RIGHTS: DENIAL FOR GOOD CAUSE

§ 865.4. Seclusion and Restraints.

(a) Seclusion is the involuntary isolation of a patient in a locked room. Seclusion and/or restraints shall never be used as punishment or as a substitute for a less restrictive alternative form of treatment.

(b) Each instance of seclusion and/or restraints shall be noted in the patient's record in accordance with Section 865.3.

(c) Documentation of the Section 861 rights actually denied a person in seclusion or restraints shall be entered in the patient's record.

(d) In addition to the foregoing, all of the provisions contained in Sections 70577(j) (General Acute Care Hospitals), 71545 (Acute Psychiatric Hospitals), 72407, 72409, 72411, 72413 (SNF), and 73403, 73405, 73407, 73409 (ICF) of Title 22 of the California Administrative Code shall prevail as applicable rules for the

respective health care facilities.

(e) The authority for the use of seclusion and/or restraints on any resident of a community care facility shall be in accordance with provisions of Title 22, California Administrative Code, Section 80403(f).

CHAPTER 7. ACUTE AND NONACUTE LEVELS OF 24-HOUR MENTAL HEALTH CARE PROVIDED BY COUNTY MENTAL HEALTH AGENCIES IN CORRECTIONAL TREATMENT CENTERS

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§ 1109. Acute Mental Health Care.

Acute mental health care means that level of voluntary or involuntary 24 hour care that is required to provide ongoing intensive evaluation and treatment by mental health staff to inmate-patients suffering from severe mental disorder. Acute levels of care include, but are not limited to: (1) treatment of acute levels of severe mental disorder or (2) clinical restraint and seclusion. Such inmate-patients are those, who if in the community, would require the services of a licensed health facility providing 24-hour acute mental health care. Such facilities include but are not limited to psychiatric health facilities or acute psychiatric hospitals.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Section 1250(j) and 1254, Health and Safety Code.

(i) Psychiatric postgraduate trainees, interns, residents, postdoctoral fellows or instructors may practice psychiatric medicine under the provisions of Section 2065 of the Business and Professions Code.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code; and Section 5751.2, Welfare and Institutions Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 1115. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.

(a) Written policies and procedures concerning the use of clinical restraint, treatment restraint, and clinical seclusion shall be developed and approved by the correctional treatment center administration.

(b) Clinical restraint and clinical seclusion shall be based on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's, or nurse practitioner's written or verbal approval operating under the supervision of a physician. The order shall include the reason for restraint or seclusion and the types of restraints. Under emergency circumstances, clinical restraint or clinical seclusion may be applied and then an approval and/or an order shall be obtained as soon as possible, but at least within one hour of application. Emergency circumstances exist when there is a sudden marked change in the inmate-patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate-patient or others, and it is impractical to first obtain an order and approval. Telephone orders and approvals for clinical restraint and clinical seclusion shall be received only by licensed medical and mental health care staff, shall be recorded immediately in the inmate-patient's health record, and shall be signed within twenty-four (24) hours.

(c) A physician shall complete a medical assessment of an inmate-patient at the earliest opportunity but not later than twenty-four (24) hours after the inmate-patient has been placed in a clinical restraint or clinical seclusion.

(d) Clinical restraint, treatment restraint and clinical seclusion shall only be used as a measure to prevent injury to self or others. Clinical restraint, treatment restraint and clinical seclusion shall only be used when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff. Removing an inmate-patient from an activity or area to another unlocked area for a period of time as a way to use separation as a behavioral modification technique shall not be considered clinical seclusion.

- (e) Each order for clinical restraint and clinical seclusion shall be in force no longer than twenty-four (24) hours.
- (f) There shall be no PRN orders (as needed orders) for clinical restraint and clinical seclusion.
- (g) An inmate-patient placed in a clinical restraint shall be physically checked at least every fifteen (15) minutes by nursing staff to assure that the restraints remain properly applied, that circulation is not impaired, that the inmate-patient is not in danger of harming himself or herself, and that other medical problems are not present. Fluids and nourishment shall be provided every two (2) hours, except during sleep. An opportunity to use a toilet or, when necessary, an alternative shall be provided every two hours, except during sleep. An inmate-patient placed in clinical seclusion shall be checked by nursing staff at least every fifteen (15) minutes. Routine range of motion exercises shall be done with clinically restrained inmate-patients for at least ten (10) minutes every two hours. A written record shall be kept of these checks and exercises, and maintained in the individual inmate-patient health record.
- (h) The inmate-patient's health record shall include written justification for the application of clinical restraints, note the times of application and removal of clinical restraints and document the inmate-patient's status, the judgment of a physician or clinical psychologist on the necessity of continuing the order, and the approval of a physician on the medical safety of the continuation of restraints at a minimum of once every twenty-four (24) hours.
- (i) Clinical and treatment restraints shall be used in such a way as to minimize the risk of physical injury to the inmate-patient and to ensure the least possible discomfort. The minimum necessary force shall be used. Belts and cuffs shall be well padded.
- (j) Clinical restraints shall be placed on inmate-patients only in an area that is under direct observation of staff. Such inmate-patients shall be afforded protection from other inmate-patients who may also be in the area.

NOTE: Authority cited: Sections 1250.1(a)(12) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 5325, Welfare and Institutions Code.

DIVISION 5. LICENSING AND CERTIFICATION OF HEALTH FACILITIES, HOME HEALTH AGENCIES, CLINICS, AND REFERRAL AGENCIES

CHAPTER 12. MENTAL HEALTH PROGRAM STANDARDS FOR THE COMMUNITY TREATMENT FACILITY

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ARTICLE 1. GENERAL PROVISIONS

§ 1901. Definitions and Terms.

...(v) "Physical restraint" means physically controlling a child's behavior. Physical control includes restricting movement by positioning staff, restricting motion by holding, the application of mechanical devices and involuntary placement of a child in a seclusion room or any other room in which they are involuntarily isolated....

ARTICLE 2. MENTAL HEALTH PROGRAM CERTIFICATION PROCEDURES

§ 1901. Definitions and Terms.

...(dd) "Seclusion" means the involuntary confinement of a child in a room...

ARTICLE 5. CONTINUING REQUIREMENTS

§ 1919. Plan of Operation.

...(c) The plan of operation of a CTF, for the purposes of this chapter, shall include the following:...

...(6) Written policies, procedures and criteria for:...

...(G) Physical restraint and seclusion;...

(10) Detailed plans of the buildings and grounds, including the number of beds in the secure and non-secure portions of the facility, security features and procedures, proposed offices, staff areas, visitor areas, physical restraint and seclusion rooms, educational sites and outdoor recreational areas;

§ 1920. Mental Health Program Director Requirements and Responsibilities.

(b) The mental health program director shall be responsible for the following:

(5) Reviewing all incidents of physical restraint and seclusion within the facility, including all necessary staff debriefings, staff meetings, individual supervision of staff, recommended changes in facility staffing patterns, recommended additional training, and each child's NSP, for the purpose of reducing physical restraint and seclusion.

§ 1921. Licensed Mental Health Treatment Staffing.

...(c) All program nursing services shall be provided by licensed nursing staff. Program nursing services shall include but not be limited to physical assessment, dispensing psychotropic medication, providing discipline, and monitoring seclusion and restraint...

§ 1922. Required Staff Training.

(a) All staff persons working directly with children shall receive training in the following areas:...

(3) A staff member shall have participated in at least sixteen (16) hours of basic training in the areas of preventing and managing assaultive and self-injurious behaviors prior to participating in the physical restraint or seclusion of a child...

(b) Staff participating in the physical restraint or seclusion of a child shall also participate in a required four (4) hours of bi-annual review of the above referenced subjects. All behavior management training courses shall be pre-approved by the Department to ensure the proposed courses' relevance to the safe seclusion and restraint of children.

§ 1927. Mental Health Program Components and Documentation Requirements.

(h) The monthly clinical review report is a typed document substantiating a child's status and progress in treatment, signed and dated by a licensed mental health professional, to be completed every thirty (30) days based on the date of the admission assessment. It shall include:...

(2) The types and intensity of services provided to the child and family including the use of restraint and secure containment;...

§ 1929. Restraint and Seclusion.

(a) Physical restraint and seclusion shall be used only when alternative methods are not sufficient to protect the child or others from immediate injury.

(b) Physical restraint and seclusion shall not be used as aversive treatment, punishment, as a substitute for more effective programming, or for the convenience of the staff.

(c) Physical restraint and seclusion shall only be used with a written order designed to lead to a less restrictive way of managing, and ultimately eliminating, the behavior for which the physical restraint or seclusion is applied.

(d) A CTF shall adhere to written policies and procedures concerning the use of physical restraints and seclusion that include:

(1) A medical evaluation of each child upon admission to the facility to determine the existence of any condition that would contraindicate the use of physical restraint or seclusion;

(2) A requirement that they be used only with a signed order of a physician or licensed psychologist, except in an emergency as defined in Section 1901(K). In such an emergency a child may be placed in physical restraint at the discretion of a registered nurse. An order shall be received by telephone within sixty (60) minutes of the application of physical restraint, and shall be signed by the prescriber within twenty-four (24) hours. Telephone orders shall be received only by

authorized mental health professional staff, and shall be recorded immediately in the child's facility record;

(A) The order shall include reasons for the physical restraint or seclusion in specific behavioral terms, type and number of points, if applicable, conditions for release or termination of physical restraint, with specific directions for discussing with the child the conditions that required the application of the physical restraint, the level of nursing care the child is entitled to while in physical restraint and the types of behaviors that will meet the criteria for terminating the order for physical restraint.

(B) Full documentation of the episode leading to the use of physical restraint, including the antecedent behaviors, and less restrictive means attempted by staff prior to the use of physical restraint, the type of physical restraint used, the length of effectiveness of the physical restraint time and the name of the individual applying such measures shall be entered in the child's facility record.

(C) At the time physical restraint or seclusion is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the child's medical condition including vital signs, medications, current medical treatments and any relevant medical circumstances specific to the child shall be reviewed by the facility's on duty licensed nursing staff and noted in the child's facility record.

(D) All orders for physical restraint shall become invalid two (2) hours after the restraint or seclusion is initiated for children ages 9 to 17, one (1) hour for children under age 9, and four (4) hours for any special education pupils ages 18 through 21 remaining in the facility under continuing stay provisions. If continued physical restraint or seclusion is needed a new order shall be required.

(3) A prohibition that physical restraint shall not be allowed for longer than twenty-four (24) hours;

(4) A prohibition against as-needed, also known as "PRN" orders for physical restraint or seclusion.

(5) A description of acceptable forms of physical restraint or seclusion which shall be:

(A) Seclusion in either a designated seclusion room with a door which may be held shut to prevent a child's egress by a staff member or by a mechanism which releases upon removal of a staff person's foot and/or hand or in any other room or part of the facility where the child is prevented from physically leaving for any period of time, thus limiting their movement, activities and contact with the other children;

(B) Physical containment of a child by two or more trained staff persons utilizing methods approved by the Department;

(C) The application of mechanical devices such as well padded belts and cuffs, mittens without thumbs which are securely fastened about the wrist with a small tie and vests consisting of sleeveless cloth webbing;

(6) A requirement that restraint shall be applied in such a way as not to cause physical injury and to insure the least possible discomfort to the child;

(7) A requirement that restraints using mechanical devices shall be applied in such a manner that the device can be speedily removed in case of fire or other emergencies;

(8) A requirement that staff shall make provisions for regularly scheduled periods, at intervals not to exceed two (2) hours, for range of motion exercises, toileting and access to liquids and meals;

(9) A requirement that staff shall make provisions for responding promptly and appropriately to a child's request for services and assistance, and for repositioning the child when appropriate;

(10) A requirement for staff to take all precautions to insure the safety of children in restraints by insuring that they remain in staffs' line of vision, by isolating them from other children and by insuring that the restraints can be easily removed in case of fire or emergency;

(11) A requirement that staff shall make provisions to insure that a child placed in physical restraint shall be checked at a minimum of every fifteen (15) minutes by the licensed nursing staff to insure that the restraint remains properly applied and that the child has not harmed himself. A written record of each check shall be placed in the child's record and shall include:

(A) Vital signs which shall be measured at least every half hour,

unless otherwise indicated by the prescribing professional;
 (B) Justification for continued physical restraint;
 (C) The child's responses to information regarding his behavioral criteria for termination of the physical restraint.
 (e) A child's parent, conservator or the person identified by the court to manage the placement shall be informed of a restraint or seclusion within twenty four (24) hours, excepting weekends.
 (f) Under no circumstances shall physical restraint be used as a disciplinary action.
 NOTE: Authority cited: Section 4094, Welfare and Institutions Code.
 Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

§ 1930. Discipline Practices.

(a) The applicant or certificate holder shall develop, maintain and implement written discipline practice policies that are consistent with the NSP of the child and ensure that all staff follow these procedures when disciplining a child including the following:
 (1) A directive that under no circumstance shall physical restraint be used as a disciplinary action;

§ 1938. Child and Family Involvement and Participation.

(a) A CTF certificate holder shall ensure that, upon admission, the child, parent, conservator or person identified by the court to manage the placement receive typed copies of the following:
 (7) A copy of the facility's policies and procedures regarding physical restraint and seclusion.

TITLE 22. SOCIAL SECURITY

DIVISION 5. LICENSING AND CERTIFICATION OF HEALTH FACILITIES, HOME HEALTH AGENCIES, CLINICS, AND REFERRAL AGENCIES

Chapter 3. Skilled Nursing Facilities

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ARTICLE 4. OPTIONAL SERVICES

§ 72457. Special Treatment Program Service Unit—Restraint and Seclusion.

(a) Restraint and seclusion shall only be used as emergency measures to protect the patient from injury to self or to others. Restraint and seclusion shall not be used as punishment or the convenience of the staff.
 (1) Restraints may be used:

(A) For the protection of the patient during treatment and diagnostic procedures, including but not limited to, intravenous therapy, tube feeding and catheterization.

(B) To prevent infirm patients from falling out of bed or chairs or otherwise injuring themselves.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72459. Special Treatment Program Service Unit—Acceptable Forms of Restraints.

(a) Mechanical or behavior restraints are defined as any apparatus that interferes with the free movement of a patient.

(1) Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. The tying of hands or feet, whether or not the person is restrained in a bed, chair or wheelchair, shall be considered a physical restraint. A physical restraint shall not be confused with a postural support as defined in Section 72319(k). Only the following types of physical restraint may be used:

(A) Soft tie consisting of cloth which prevents movements of a patient.

(B) Mittens without thumbs which are securely fastened around the wrist with a small tie.

(C) Cloth vests consisting of sleeveless cloth webbing.

(D) Belts and cuffs, which are well padded, used to control a seriously disturbed, assaultive patient.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72461. Special Treatment Program Service Unit—Orders for Restraint and Seclusion.

(a) Restraint and seclusion shall only be used on the signed order of a physician which shall be renewed every 24 hours. In a documented case of emergency, which threatens to bring immediate injury to the patient or others, a restraint may be applied, and a physician shall give an order for application of the restraint within one hour. A physician may give the order by telephone. In such an event, the physician shall sign the order within 5 days.

(b) A daily log shall be maintained in each facility exercising behavior restraint and seclusion indicating the name of the patient for whom behavior restraint or seclusion is ordered.

(c) Full documentation of the episode leading to the behavior restraint or seclusion, the type of behavior restraint or seclusion used, the length of time that the restraint or seclusion was applied or utilized, and the name of the individual applying such measures shall be entered in the patient's health record.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 72463. Special Treatment Program Service Unit—Restrictions on Applying Restraints and Utilizing Seclusion.

(a) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:

(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.

(2) Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record following each observation.

(3) Each individual program plan authorizing restraint shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated objectives.

(4) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which restraint is applied. The exercise periods shall be documented in the patient's record.

(b) In utilizing seclusion each of the following requirements shall be met:

(1) Patients placed in seclusion shall be observed by qualified treatment personnel at least every half hour. This observation shall be noted and initialed in the patient's health record.

(2) Each individual program plan authorizing seclusion shall specify the behavior to be modified, the method to be used, the schedule for use of the method, the person responsible for the program and the effectiveness of the modality in attaining stated goals.

(3) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which seclusion is applied. The exercise periods shall be documented in the patient's record.

(c) Medication shall not be used as punishment, as a substitute for a program or for the convenience of staff.

NOTE: Authority cited: Sections 208 (a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

patients per week, 32 hours per week of professional staff time.

(C) For facilities having an average between 70–99 certified patients per week, 48 hours per week of professional staff time.

(D) For facilities having an average of more than 100 certified patients per week, 72 hours per week of professional staff time.

(E) The facility shall provide at least one hour of direct program staff time for each six program hours of long-term program rehabilitation services provided. Program staff shall include all

persons who directly provide program services to mentally disordered persons and shall not include the program director.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

Chapter 9. Psychiatric Health Facilities

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ARTICLE 1. DEFINITIONS

§ 77029. Seclusion.

Seclusion means the isolation of a patient in a locked area, for the purpose of modifying a behavior.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77033. Treatment Restraint.

Treatment restraint means the use of a restraining device during medically prescribed treatment or diagnostic procedures such as, but not limited to, intravenous therapy, tube feeding or catheterization.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

ARTICLE 2. LICENSING AND INSPECTION

§ 77039. Safety, Zoning and Building Clearance.

(a) A license shall not be issued to any psychiatric health facility which does not conform to the State Fire Marshal's requirement for fire and life safety, the State requirements for environmental impact, and local fire safety, zoning and building ordinances. The following evidence of such compliance shall be presented in writing to the Department:...

(2) The evidence of compliance must contain approval for the facility to use restraint and seclusion as required in Section 77101(a) and (b).

ARTICLE 3. SERVICES

§ 77065. Psychiatric Nursing Services.

(d) Written nursing services policies and procedures shall be developed which include:...

(5) Conditions under which restraints are used, the application of restraints, and the mechanism used for monitoring and controlling their use...

§ 77101. Types of Restraints and Seclusion.

(a) No physical restraints with locking devices shall be used or be available for use in the facility unless approved by the State Fire Marshal.

(b) Seclusion as defined in Section 77029 is considered to be a physical restraint.

(c) Exclusion timeout as defined in Section 77010 is considered to be a physical restraint.

(d) Treatment restraint, as defined in Section 77033, shall be accomplished by a soft tie only, so as not to cause harm to the patient and shall only be used during medically prescribed treatment or diagnostic procedures.

NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1275.1, Health and Safety Code.

§ 77103. Behavioral Restraint and Seclusion.

(a) Behavioral restraint and seclusion shall only be used as a measure to protect the patient from injury to self or others.

(b) Behavioral restraint and seclusion shall only be used upon a physician's or clinical psychologist's written or verbal order, except under emergency circumstances. Under emergency circumstances behavioral restraint may be applied and then an order obtained as soon as possible, but at least within one hour of application. Telephone

orders shall be received only by authorized professional staff, shall be recorded immediately in the patient's health record and, within twenty-four (24) hours, weekends and holidays excepted, signed by the prescriber.

(c) Behavioral restraint and seclusion shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff.

(d) Orders for behavioral restraint and seclusion shall be in force for not longer than 24 hours.

(e) There shall be no PRN orders (as needed orders) for behavioral restraint and seclusion.

(f) Patients in restraint shall remain in staffs' line of vision and shall be afforded protection from other patients who may be in the area.

(g) A patient placed in behavioral restraint or seclusion shall be checked at least every 15 minutes by professional staff to assure that the restraint remains properly applied or that the patient has not harmed him/herself. A written record shall be kept of these checks and maintained in the individual patient's health record.

(h) Regular range of motion exercise of at least ten (10) minutes every two (2) hours shall be provided to restrained patients. When range of motion is contraindicated, a physician or a psychologist shall document the reason in the patient's record.

(i) Behavioral and treatment restraints shall be utilized only with patients being treated pursuant to Sections 5150 et seq. of the Welfare and Institutions Code or who are judicially committed.

NOTE: Authority cited: Section 1275, Health and Safety Code.

§ 77141. Health Record Content.

... (a) Each patient's health record shall consist of at least the following:...

(10) Dated and signed patient care notes including, but not limited to, the following:...

(D) Record of type of restraint, including time of application and removal as outlined in section 77103...

CHAPTER 12. CORRECTIONAL TREATMENT CENTERS

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ARTICLE 1. DEFINITIONS

§ 79511. Clinical Restraint.

Clinical restraint means the use of a physical restraining device, during a period of mental health treatment, as a measure to protect the inmate-patient from injury to self or others when alternative methods are not sufficient.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79513. Clinical Seclusion.

Clinical seclusion means the isolation during the period of mental health treatment of an inmate-patient in a separate, locked area, including a padded room, for the purpose of preventing injury to self or others.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79577. Treatment Restraint.

Treatment restraint means the use of a restraining device during medically prescribed treatment or diagnostic procedures including, but not limited to, intravenous therapy, tube feeding or catheterization.

NOTE: Authority cited: Sections 208(a) and 1267.10(l), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

ARTICLE 4. OPTIONAL SERVICES**§ 79751. Acute Mental Health Care.**

Acute mental health care means that level of voluntary or involuntary 24-hour care that is required to provide ongoing intensive evaluation and treatment by mental health staff to inmate-patients suffering from severe mental disorder. Acute levels of care include, but are not limited to: (1) treatment of acute levels of severe mental disorder or (2) clinical restraint and seclusion. Such inmate-patients would be those who, if in the community, would require a licensed health facility providing 24-hour acute mental health hospitalization. Such facilities include but are not limited to psychiatric health facilities or acute psychiatric hospitals.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code.

§ 79799. Inmate-Patients' Rights.

(a) Written policies regarding the rights and restrictions of inmate-patients admitted to a correctional treatment center shall be established and implemented, and made available to the inmate-patient and to the public. Inmate-patients will be afforded such rights as are commonly afforded to medical/mental patients and are consistent with jail or prison policies and procedures. Such policies and procedures shall ensure that each inmate-patient admitted to the correctional treatment center shall have the following rights and be notified of the treatment center's obligations:..

(7) To be free from chemical and (except in emergencies) clinical and treatment restraints except when necessary to protect the patient from injury to himself or to others...

ARTICLE 5. ADMINISTRATION**§ 79801. Clinical Restraint, Treatment Restraint, and Clinical Seclusion.**

(a) Written policies and procedures concerning the use of clinical restraint, treatment restraint, and clinical seclusion shall be developed and approved by the correctional treatment center administration.

(b) Clinical restraint and clinical seclusion shall only be used on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's or a nurse practitioner's (operating under the supervision of a physician) written or verbal approval. The order shall include the reason for restraint or seclusion and the types of restraints. Under emergency circumstances clinical restraint or clinical seclusion may be applied and then an approval and/or an order must be obtained as soon as possible, but at least within one hour of application. Emergency circumstances exist when there is a sudden marked change in the inmate-patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate-patient or others, and it is impractical to first obtain an order and approval. Telephone orders and approvals for clinical restraint and clinical seclusion shall be received only by licensed medical and mental health care staff, shall be recorded immediately in the inmate-patient's health record, and shall be signed within twenty-four (24) hours.

(c) A physician shall complete a medical assessment of an inmate-patient at the earliest opportunity but not later than within twenty-four (24) hours after the inmate-patient has been placed in clinical restraint or clinical seclusion.

(d) Clinical restraint, treatment restraint, and clinical seclusion shall only be used as a measure to prevent injury to self or others. Clinical restraint, treatment restraint, and clinical seclusion shall only be used when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff. Removing an inmate-patient from an activity or area to another unlocked area for a period of time as a way to use separation as a behavioral modification technique shall not be considered clinical seclusion.

(e) Each order for clinical restraint and clinical seclusion shall be in force no longer than twenty-four (24) hours.

(f) There shall be no PRN orders (as needed orders) for clinical restraint and clinical seclusion.

(g) An inmate-patient placed in clinical restraint shall be physically checked at least every fifteen (15) minutes by nursing staff to assure that the restraints remain properly applied, that circulation is not impaired, that the inmate-patient is not in danger of harming himself or herself, and that other medical problems are not present. Routine range of motion exercises shall be done with clinically restrained inmate-patients. Fluids and nourishment shall be provided every two (2) hours, except during sleep. An inmate-patient placed in clinical seclusion shall be observed by nursing staff at least every fifteen (15) minutes. A written record shall be kept of these checks and range of motion exercises and maintained in the individual inmate-patient's health record.

(h) The inmate-patient's health record shall include written justification for the application of clinical restraints, note the times of application and removal of restraints and document the inmate-patient's status and the judgment of the physician or clinical psychologist on the necessity for continuation of clinical restraints at a minimum of once every twenty-four (24) hours.

(i) Clinical and treatment restraints shall be used in such a way as to minimize the risk of physical injury to the inmate-patient and to ensure the least possible discomfort. Minimum force shall be used. Belts and cuffs shall be well padded.

(j) Clinical restraints shall be placed on inmate-patients only in an area that is under direct observation of staff. Such inmate-patients shall be afforded protection from other inmate-patients who may also be in the area.

NOTE: Authority cited: Sections 208(a) and 1267.10(a), Health and Safety Code. Reference: Sections 1250(j) and 1254, Health and Safety Code; and Section 5325, Welfare and Institutions Code.

§ 79805. Inmate-Patient Health Record Content.

(a) Each inmate-patient's health record for inpatient services shall consist of at least the following:...

(9) Dated and signed health care notes including, but not limited to, the following:...

(E) Record of type of restraint, including time of application and removal.

CHAPTER 5. GROUP HOMES

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SUBCHAPTER 1. COMMUNITY TREATMENT FACILITIES

ARTICLE 1. GENERAL REQUIREMENTS AND DEFINITIONS

§ 84001. Definitions.

In addition to section 80001, the following shall apply:...

e...(2) "Emergency Intervention" means the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm...

m. (1) "Manual Restraint" means the use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts; holding; prone restraints; or other containment techniques, including protective separation.

(2) "Manual Restraint Plan" means a written plan which address how manual restraints will or will not be implemented by the licensee in compliance with the requirements specified in Sections 84802(e) and (f). The manual restraint plan is a component of the emergency intervention plan.

(3) "Mechanical Restraint" means any physical device or equipment which restricts the movement of the whole or a portion of a child's body, including, but not limited to, handcuffs, restraining sheets, restraining chairs, leather cuffs and belts or any other similar

method.

(4) "Medical Conditions Requiring Specialized In-Home Health Care" means, provided that care may be safely and adequately administered in the home:...

p. (1) "Physical Restraining Device" means any physical or mechanical device, material, or equipment attached or adjacent to a child's body which the child cannot remove easily and which restricts the child's freedom of movement. Restraining devices include leg restraints, arm restraints, soft ties or vests, wheel chair safety bars, and full length bedrails...

§ 84061. Reporting Requirements.

...(b) The licensee shall ensure that the child's authorized representative is notified no later than the next working day if the following circumstances have occurred without the authorized representative's participation:...

(3) Each time the child has been placed in a manual restraint, to be reported as required in Section 84805...

(h) Incident Reports must include the following:...

(6) When the Incident Report is used to report the use of manual restraints, the report must include the following:...

(A) Date and time of other manual restraints involving the same child in the past 24 hours...

(B) A description of the child's behavior that required the use of manual restraints, and description of the precipitating factors which led to the intervention.

(C) Description of what manual restraints were used, and how long the child was restrained.

(D) Description of what non-physical interventions were utilized prior to the restraint; explanation of why more restrictive interventions were necessary.

(E) Description of injuries sustained by the child or facility personnel. What type of medical treatment was sought and where was child taken. Explanation if medical treatment not sought for injuries.

(F) Name(s) of facility personnel who provided the manual restraint.

(G) Name(s) of facility personnel who witnessed the child's behavior and the restraint.

(H) The child's verbal response and physical appearance, including a description of any injuries at the completion of the restraint.

(I) If it is determined by the post incident review, as required in Section 84806, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why...

(7) When the Incident Report is used to report a runaway situation, the report must include the following:

(F) If a manual restraint was used, and if it is determined by the post incident review, as required in Section 84806, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why...

§ 84111. Definitions.

In addition to Section 84001, the following shall apply:...

(p)(1) "Physical Restraint" as defined in Section 1901(v) of the California Code of Regulations, Title 9, Chapter 11.

§ 84120. Fire Clearance.

(a) In addition to Section 80020, the following shall apply:

(b) The applicant shall notify the Department if the facility plans to use the following:

(1) Mechanical restraint devices.

(2) Seclusion room(s).

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094.5(d), Welfare and Institutions Code.

§ 84122. Plan of Operation.

... (b) The plan of operation shall include the following: ...
 (6) A description of procedures and policies which shall include:
 (A) Policies and procedures for the daily recording of observations and interactions with each child, psychotropic medication control, monthly review of each child's needs and services plan, and seclusion and restraint procedures...

ARTICLE 6. CONTINUING REQUIREMENTS

§ 84161. Reporting Requirements.

(a) In addition to Section 84061, the following shall apply.
 (b) The licensee shall furnish a report to the licensing agency and the admitting parent(s), conservator, or the person designated by the court to manage the placement as specified in Section 80061(b) for all occurrences of a physical restraint as specified in Section 84175.2(a)...

§ 84165. Personnel Requirements.

... (f) The licensee shall develop, maintain, and implement a written plan for the orientation, continuing education, on-the-job training and development, supervision, and evaluation of all child care staff...
 (2) The on-the-job training and development program shall include training in the following areas:
 (A) Assaultive behavior management and preventing assaultive behavior training course which shall be approved by the Department of Mental Health. Staff shall complete at least 16 hours of a basic assaultive behavior and prevention training course prior to their participation in the containment, seclusion, and/or restraint of a child. The staff shall also participate in a four-hour semiannual review course...
 (h) Upon employment, staff shall receive copies of the discharge policies and procedures specified in Section 84168.5, due process procedures specified in Section 84172(c), complaint procedures specified in Section 84172.2, and the restraint policies specified in Section 84175.2.

§ 84165.1. Personnel Duties.

(b) Licensed mental health professional staff shall complete or perform the following for each child: ...
 (6) An authorization to initiate and document any form of restraint and/or seclusion as specified in Section 84175.2.
 schooling...

§ 84175.2. Restraint and Seclusion.

(a) The licensee shall develop, maintain, and implement seclusion and restraint policies and procedures which meet the requirements specified Section 1929 of the California Code of Regulations, Title 9, Chapter 11.
 NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Section 4094(d), Welfare and Institutions Code.

ARTICLE 7. PHYSICAL ENVIRONMENT

§ 84187. Buildings and Grounds.

(a) In addition to Section 84087, the following shall apply.
 (b) A room used for seclusion as defined in Section 84111(s)(1), shall meet the following requirements:
 (1) No room door shall include locking or jamming devices.
 (2) A control for the lighting shall be located outside the room.
 (3) The room shall be absent of any hazards such as objects which can be broken or used by a child to inflict injury to himself/herself or others...

§ 84188. Fixtures, Furniture, Equipment, and Supplies.

(a) In addition to Section 84088, the following shall apply.
 (b) No community treatment facility shall have more beds for children's use than required for the maximum license capacity except for the bed(s) made available for seclusion room(s) as specified in

Section 84187(b).

NOTE: Authority cited: Sections 1530 and 1530.9, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.